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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> <b>(37 CFR 1.63)</b>  <input checked="" type="checkbox"/> Declaration Submitted With Initial Filing      OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	<b>Attorney Docket Number</b>	12569-106
	<b>First Named Inventor</b>	Michael C. Murphy
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	/
	<b>Filing Date</b>	Herewith
	<b>Group Art Unit</b>	
	<b>Examiner Name</b>	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

IMPROVED METHODS AND APPARATUSES FOR RECEIVING AND TRANSMITTING SIGNALS

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032  
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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:

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26486

OR

☒ Correspondence address below

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name**

Michael C.

**Family Name or Surname** Murphy

**Inventor's Signature**

**Date**

1/31/01

**Residence: City**

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**ZIP**

02176

**Country**

USA

**NAME OF SECOND INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name**

**Family Name or Surname**

**Inventor's Signature**

**Date**

**Residence: City**

**State**

**Country**

**Citizenship**

**Mailing Address**

**Mailing Address**

**City**

**State**

**ZIP**

**Country**

☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT****Application Number****Filing Date****First Named Inventor****Group Art Unit****Examiner Name****Attorney Docket Number**

Herewith

Michael C. Murphy

12569-106

I hereby appoint:

☒ Practitioners at Customer Number

26486

**OR**☐ Practitioner(s) named below:Place Customer  
Number Bar Code  
Label here

Name	Registration Number
Jerry Cohen	20,522
Jacob N. Erlich	24,338
Christine M. Kuta	38,001
Stephen Y. Chow	31,338
Dr. Chester A. Bisbee	44,538

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

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Individual Name

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City

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I am the:

☒ Applicant.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name

Michael C. Murphy

Signature

Date

2/7/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

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